PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

★□ Declaration Submitted with Initial Filing

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor	Jian Zhang
COMPLETE IF	KNOWN
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

Γ	As a below named inventor, I hereby declare that:										
	My residence, post office address, and citizenship are as stated below next to my name.										
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
	HAR TRAY FOR CARRYING SOCKET CONNECTORS										
	the specification of which (Title of the Invention) is attached hereto										
	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
4	Application Number and was amended on (MM/DD/YYYY) (if applicable).										
	Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
ļ,	acknowledge the duty to	disclose in	nformation which is	material to pater	ntability as	defined in 37 CF	R 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
P	Prior Foreign Application Number(s) Country Foreign Filing Date Priority Certified Copy Attached? (MM/DD/YYYY) Not Claimed YES NO										
91219123 Taiwan		Nov/27/02		0000	Ď o o o						
	Additional foreign apolic	ation num	bers are listed on a	supplemental p	riority data	sheet PTO/SB/0	28 attached he	reto:			
Г	hereby claim the benefit	under 35	U.S.C. 119(e) of an	y United States	orovisiona	l application(s) lis	ted below.				
Application Number(s) Fi			Filing Date	e (MM/DD/YY)	(Y)	numbe supple	onal provision ers are listed d emental priorit	on a y data sheet			
		:				PTO/S	BB/02B attach	ed hereto.			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit United States of America United States or PCT Introduced information which is material and the national or PCT in the state of PCT in the s	emational application in exial to natentability as	defined in 37 C	FR 1.56 w	ntion(s), o of each e first par nich beca	r 365(c) of the cl agraph me avai	of any PC aims of thi of 35 U.S.C lable betwe	T internation is applicated to the control of the c	enal app on is no knowled ng date	olication des of disclosed dge the duty of the prior	gnating the in the pnor to disclose application	
U.S. Pare	Parer	Parent Filing Date Paren				nt Patent Number					
Number					(MM/DD/YYY)			(if	(if applicable)		
		•									
Additional U.S. or P	CT international applica	tion numbers ar	e listed on a	a supplen	ental po	iority data	sheet PTO	/\$8/029	attached h	ereto.	
As a named inventor, I he and Trademark Office con	ereby appoint the followinnected therewith:	Customer Num OR	ber2.5	859		_	→		all business Place Custo Number Bar Label her	mer Code	
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Name	·	Nun				Nam	e			mber	
Additional registered	practitioner(s) named o	n supplemental	Registered	l Practitio	ner Info	mation she	et PTO/SE	3/02C at	ttached here	lo.	
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I hereby declare that all believed to be true; and punishable by fine or in application or any paten	i further that these state nortscoment, or both, u										
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor											
Given Nar	ne (first and middle [if anyl)		Family Name or Surname							
Jian					Zhang						
Inventor's Signature	hory	r						Date	08/06		
Residence: City	State		Cou	ntry	Chi	na		Citizenship	China		
Post Office Address	Post Office Address 1650 Memorex Drive										
Post Office Address		τ	- 1	- 				- 1	<u> </u>		
city Santa	Clara State		ZIP	9	5050	<u> </u>	Count	ry	U.S.	Α.	
Additional invento	rs are being named	on the 1 st	ıpplemenl	al Additi	onal In	ventor(s)	sheet(s) f	PTO/SE	B/02A alta	ched herato	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Nar	me (first and middle (if any	Family Name or Surname									
Wei	Wang										
Inventor's Signature	Wen Xin, Wo							9.6	3/06/03		
Residence: City	Kunsan	Stat			Country	China		Citizens	F -	nina	
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Post Office Address											
City	Santa Clara	Sta	. C.	A	ZIP	95050	Countr	ע ע	.S.A	•	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										entor	
Given Na	me (first and middle [if any	D		\Box	Family Name or Surname						
•											
Inventor's Signature						Di	ate				
Residence: City Sta					Country Citizenship						
Post Office Address	1650 Memorex	Dr	ive								
Post Office Address											
City	Santa Clara	Sta	te C	A	ZIP	95050	Cou	ntry	U.S.A.		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname											
Inventor's Signature	- :					Date					
Residence: City		State					Citiza	zenship			
Post Office Address											
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City	State				ZIP			Country			

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